

GUIDELINES
FOR THE
ADMINISTRATION OF GENERAL ASSISTANCE

City Welfare Department

Berlin, N.H.

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Introduction

The City Welfare Department is one component of a large and complex welfare system which operates at every level of government. Its relationships with other welfare agencies and programs and the scope of its responsibilities are complicated. Briefly, two basic subsystems of public welfare are in operation in New Hampshire - (1) categorical assistance programs, which are federally funded in part and are administered by a central State agency, and (2) general assistance programs, such as that operated by the City Welfare Department, which are locally funded and administered.

In general, the City Welfare Department provides assistance to needy people who require temporary help whether or not they have a residence as defined under New Hampshire law RSA 165. People are found to be in need when they are poor and unable to support themselves - meaning when they lack the resources to provide themselves with the basic requirements of life in our society, such as food, shelter, heat and electricity. In the language of the field, welfare provided by the City Welfare Department is known as General Assistance.

The Department's responsibilities are of a dual nature. On the one hand, it is responsible to those members of the community who need assistance to see that they receive it. On the other, it is responsible to the citizens who pay for that assistance to ensure that it goes only to those who are truly needy. The Department's responsibility is to expend as much money as is necessary on the one hand and to expend as little as is necessary on the other. In effect, the Department succeeds in fulfilling its ethical and legal obligations to the extent that these two interests are made to coincide.

The Department has an additional responsibility to both welfare recipients and the community as a whole – to try to overcome the causes of the need for General Assistance to the point that it is no longer required. Requirements for rehabilitation vary and

different approaches are dictated in different instances. As a result, the Department must maintain flexibility in its handling of all cases.

At the same time, the Department must adhere to practices which ensure that all applications for assistance are treated according to the same objective standards and that

the legal and constitutional rights of all applicants and recipients are protected. Central to the prescriptions of fairness and equal treatment is the right of all applicants and recipients to appeal any decision of the Department with which they are dissatisfied.

These Guidelines for the Administration of General Assistance by the City Welfare Department delineate responsibilities to be met by the Department and by applicants and recipients in the General Assistance process and establish a policy and procedure for hearing appeals of departmental decisions. They are not to be construed as superseding any laws of the State of New Hampshire or the United States.

II. Jurisdiction

The Division of Human Services of the New Hampshire Department of Health and Human Services administers several welfare programs under the authority of the laws of the State. Assistance provided under these categorical assistance programs is known as Public Assistance. Programs now administered include:

- Temporary Assistance to Needy Families (TANF)
- Old Age Assistance (OAA)
- Aid to the Needy Blind (ANB)
- Aid to the Permanently and Totally Disabled (APTD)
- Medical Assistance (Medicaid)

- The Food Stamp Program
- Programs of social and rehabilitation services which are either provided directly by the Division of Human Services or purchased under the provisions of Title XX of the Social Security Act as amended in 1975.

The County unit of government pays a share of assistance provided to people under some of these programs. (More information concerning these programs is set forth in Appendix B.)

General Assistance may be provided by a city or town until a person receives Public Assistance. Only in extraordinary circumstances will a person receiving Public Assistance also be considered eligible for General Assistance. No person receiving Old Age Assistance or Aid to Permanently and Totally Disabled under RSA 167 or 161 shall at the same time be eligible for General Assistance except for medical and surgical assistance (RSA 167:27).

Any persons residing or temporarily present in a municipality may apply to the welfare official of that municipality for General Assistance.

“Residence or residency shall mean a person’s place of abode or domicile. The place of abode or domicile is that designated by a person as his principal place of physical presence for the indefinite future to the exclusion of all others. Such residence or residency shall not be interrupted or lost by a temporary absence from it, if there is an intent to return to such residence or residency as the principal place of physical presence.” (RSA 21:6-a)

- Minors. The residence of a minor shall be presumed to be the residence of his or her custodial parent or guardian. The minor’s intent is not relevant nor does this change if the minor is, himself or herself, the parent of a child. In re: Tammy S., 126 NH 734 (1985) (A “minor” is defined as any person under 18 years of age.) Any minor asking for assistance will be referred to the New Hampshire Department of Children, Youth & Families (DCYF) as the parent or legal guardian is financially and

legally responsible for said minor and DCYF has the power to seek support and provide protection to the minor.

- Adults. For competent adults, the standard for determining residence shall be the overall intent of the applicant as set forth in the definition of residence above.

Nonresidents: No person shall be refused assistance solely on the basis of residence (RSA 165:1). The application procedure, eligibility standards and standard of need shall be the same for nonresidents as for residents. At the request of a nonresident applicant, any aid, temporary or otherwise, to which he or she would be otherwise entitled under the standards set forth in these Guidelines, may be used by the welfare official to cause the person to be returned to his or her community of residence (RSA 165:1-c.) Any aid given to a nonresident, including the cost of return home transportation, may be recovered from his or her community of residence (RSA 165:20.)

III. Application for Assistance

A person may apply for General Assistance by appearing either him/herself or through another party at the Office of the City Welfare Department in Berlin City Hall during working hours and completing the Department's standard application form. In order for another party to apply on an applicant's behalf proper documentation must be presented to show that the individual whom he or she is applying for is either physically or psychologically incapacitated. The Department is open from 8:30 a.m. to 12:00 noon and from 1:00 p.m. to 4:00 p.m., Monday through Friday. Any changes in hours of operation will be posted.

The application form contains space for the applicant's signature attesting to the accuracy of all information provided and space for his or her signature, or both signatures in the case of a married couple, authorizing verification of information by the

Department. The application form states the type of assistance available and also contains a statement of the applicant's right to appeal any decision with which he/she is dissatisfied.

Information given by an applicant for or recipient of General Assistance, or information concerning an applicant or recipient, is considered confidential and privileged information. The Department neither releases such information to nor discusses it with any person, organization, or agency without written permission of the applicant or recipient except when disclosure is required by law or is for purposes directly connected with the administration of welfare.

The Administrator of Welfare or other Department official will help the applicant complete the application form if the applicant is illiterate or otherwise unable to complete the application unassisted.

At the time application is made for General Assistance, the Administrator or other official will inform the applicant of the following:

- The requirement of submitting a written application.
- Eligibility requirements, including general descriptions of guideline amounts and
the eligibility formula outlined in Section VII.
- The applicant's right to a review of decisions with which he/she is dissatisfied, and the way in which he can go about making an appeal.
- The applicant's responsibility of reporting all facts necessary to determine eligibility, and of presenting records or documents to support his or her statements.
- The types of verification needed.
- The fact that an investigation will be conducted in an effort to substantiate

information provided by the applicant and that this investigation may take place prior to, during, or following the applicant's receiving General Assistance.

- Any other programs of assistance or services that the official may know of for which it is felt the applicant should apply.
- The requirements of placing a lien on any real property owned by a recipient for any assistance he or she is given and the interest which will accrue after twelve months at a rate of six percent per annum along with conditions for discharging the lien.
- The applicant's continuing responsibility to provide accurate, complete, and current information concerning his or her needs and resources and the whereabouts and circumstances of responsible relatives (RSA 165:19.)
- The applicant's continuing responsibility to notify the Department when a change in needs and/or resources may affect his or her eligibility for assistance.
- The applicant's responsibility, within one week of application, to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance.
- The responsibility of every recipient and every adult member of his or her household to register with the Department of Employment Security within one week of being granted assistance for the purpose of finding work or gaining skills and of conducting an adequate work search, except for good cause.
- The fact that recovery from applicant is possible if he or she becomes able to repay the amount of assistance given.
- The requirement of participating in a welfare work program if physically and mentally able, or to provide a Doctor's note to excuse them from work if physically or psychologically unfit.

- The requirement of reporting to the Welfare Office each week on an assigned day to determine continued eligibility and to keep appointments as scheduled or face losing assistance for those days and/or possible suspension. An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification.
- The fact that a recipient's assistance may be suspended for failure to fulfill any of these responsibilities.

IV. Types and Amounts of Assistance

The City Welfare Department provides assistance in the form of a voucher system made out to a particular person, business, or company for a specific monetary value of acquired goods or services (RSA 165:1 (III).) The Department does not provide cash assistance. Tobacco products, alcohol beverages, gasoline and pet food cannot be purchased with the orders.

In addition, the amount shown on the voucher is the amount to be used for payment. The municipality will not pay any amount in excess of the amount listed on the voucher. If there is an unused amount the voucher shall be returned to the municipality for payment of the correct amount listed on the bill or register tape. If the voucher is not returned, with the itemized bill or register tape, within 60-days it is void and will not be paid out to the vendor.

The department does not accept responsibility for any services rendered before application to the City Welfare Department nor for services rendered without issuance of a voucher from this department listing type of service, amount of payment, complete with signatures of recipient and the Welfare Administrator. Vouchers are non-transferable and must be used by the individual to whom it was issued. Payment will

not be issued to a vendor who accepts a voucher from someone to whom it was not issued or for services/products not specified on the voucher.

A. Food- The amount of assistance granted for food is determined in accordance with the

most recent standard food stamp allotment as put forth by the Food Stamp Program administered by the New Hampshire Department of Health and Human Services Division of Family Assistance. More of an allowance may be allowed if recipient's physician specifically prescribes a special diet. The Department requires that anyone applying for assistance with food first avail themselves of the food pantries within the City. The Welfare Department may disqualify from receiving further assistance any applicants/recipients who refuse to apply for food stamps, WIC, or to use any other food program available in the community. Food vouchers will not be granted for restaurants, delis or convenience stores.

<u>Family Size</u>	<u>Eligible Amount of Assistance</u> <u>(daily/weekly amounts granted)</u>
<u>1-person</u>	<u>\$4.96 per day /\$34.72 per week</u>
<u>2-people</u>	<u>\$9.13 per day/\$63.91 per week</u>
<u>3-people</u>	<u>\$13.10 per day/\$91.70 per week</u>
<u>4-people</u>	<u>\$16.63 per day/ \$116.41 per week</u>
<u>5-people</u>	<u>\$19.73 per day/\$138.11 per week</u>
<u>6-people</u>	<u>\$23.70 per day/ \$165.90 per week</u>
<u>7-people</u>	<u>\$26.20 per day/ \$183.40 per week</u>
<u>For each additional person add \$28.00 per week.</u>	

B. Rent- It is the Department's policy to assist with only the cost of rent necessary to actually provide shelter. Such costs may be determined by local market factors and the aid of the most recent United States Department of Housing & Urban Development published fair market rents. The Department reserves the right to

negotiate with landlords or the landlord's agent on behalf of the recipient.

The Department assists with rent on a weekly basis in most cases. The formula used to determine weekly voucher amounts for rent is the amount of the monthly rent charged by landlord multiplied by twelve months and then divided by 52 weeks. For example: A monthly rent \$450/month x 12-months/52 weeks= \$103.84 per week. The Department must receive a completed verification of rent form from the landlord or landlord's agent before rent assistance can be granted.

In the case of an eviction the landlord or agent will be required to verify in writing on the verification of rent form that eviction proceedings will be terminated while the individual is receiving assistance. The applicant/recipient must be on the lease or rental agreement. In cases where a rental unit is shared with other adults, to whom the applicant/recipient is not married; rent will be calculated on a pro rata scale. Whenever a relative of an applicant is also the landlord, that landlord will be expected to assist his relative pursuant to RSA 165:19. Otherwise, the landlord must prove an inability to assist before any assistance payment for rent is made to him/her. Under RSA 165:4-a, whenever the owner of property rented to a person receiving General Assistance is in arrears in sewer, water, electricity, or tax payments to the municipality, the municipality may apply the assistance which the property owner would have received in payment on behalf of the assisted person to the property owner's delinquent balances. This is regardless of whether such delinquent balances are

in

respect to the property occupied by the assisted person. The City chooses to apply the payments to first taxes, then sewer, then water. Applicants/recipients must apply with all other agencies that offer assistance with rent. Refusal to do so will

lead to denial of assistance until compliance is met.

In the case of homeless applicants, or those facing eviction, it is not the Department's responsibility to find permanent housing. If a homeless applicant/recipient refuses to allow the Department to contact shelters or the homeless outreach workers, or if an applicant/recipient refuses to go to a shelter when room is available, they will be denied rental/shelter assistance as the City has met its obligation. If no shelter room is available temporary emergency shelter may be afforded in a motel. Efforts need to be made daily by recipient to find shelter space, or a rent, while receiving emergency assistance. Assistance with emergency shelter (motel) will be issued on a daily basis as needed. If the applicant/recipient is housed temporarily in a shelter or motel and is asked to leave for not following rules or for acting in a disruptive or disrespectful manner or for participating in illegal activities the City will not have further responsibility as it had met its obligation in providing for or arranging for said shelter. If minors are a part of the family make-up in such a situation the Welfare Official will be forced to make a report to the Department of Children, Youth and Families as required by law (RSA 169:C). If the recipient/applicant refuses the emergency shelter offered, whether it be a homeless shelter, or motel room if all other emergency shelter is full, the City has met its obligation by providing for or arranging said accommodations.

The Department will require an apartment search form to be completed. Should no emergency shelter in area motels be available or if no area rental agencies will rent to the applicant/recipient; the City has fulfilled its obligation and cannot be held responsible for lack of available housing/emergency shelter. The applicant must take the first available housing/rental unit that fits their income level,

family size, and meets health and safety standards. Refusal to do so will lead to denial of assistance until compliance is met.

<u>Family Size</u>	<u>Amounts without electric included</u>	<u>Amount with electric included</u> (According to Berlin Housing Authority)
1	\$300.00-efficiency	\$450.00
	\$450.00 1-bedroom	
2	\$450.00 1-bedroom	\$529.00
	\$475.00 2-bedroom	
3	\$475.00 2-bedroom	
\$707.00		
	\$600.00 3-bedroom	
4 or more	\$600.00-3-bedroom	
\$794.00		
	\$700.00 house	

(Heat and hot water are included in the amounts of all these rental units)

C. Mortgage payments- The City Welfare Department may be able to assist with interest charges as agreed upon by the mortgage holder and the welfare official as to prevent foreclosure. The applicant/recipient's name must be on the mortgage in order for assistance to be granted. The City Welfare Department under RSA 165:28 reserves the right to place a lien on any real estate owned by an assisted person. The liens are effective until enforced or until discharged by the department; provided that there shall be no enforcement of the lien so long as the real estate is occupied as the sole residence of the assisted person, surviving spouse, or surviving children under age 18 or blind or permanently disabled. Interest at the rate of six percent per year shall be charged after twelve months on the amount constituting such lien. Assistance would be granted, if eligibility criteria is met, on the property of primary residence only.

D. Personal or Household Needs or Supplies- Assistance may be granted for personal care and household needs and supplies. These vouchers are to be used for

personal cleansing/hygiene items and household cleansing, storage, cooking items

not including food, drinks, candles, incense, pet food or care items, electrical appliances and knick-knacks, etc. Misuse of the voucher may lead to suspension from receiving this type of assistance. These vouchers cannot be used for cable bills, telephone bills, nor other utilities.

Family Size Weekly Amount

1	\$ 5.00
2	\$ 6.50
3	\$ 8.00
4	\$ 9.50
5	\$11.00
6	\$12.50
\$1.50 per person for each additional person in household	

E. Utilities- Includes electricity, oil, natural gas, water, and sewage. Excludes: Cable, cell

phone and Internet service. According to P.U.C. 303.08 (C) (1) (d) it is not necessary for a municipality to pay the entire amount owed on a back utility bill if the municipality guarantees enough for one month of service and guarantees payment of future bills for as long as the applicant/recipient is eligible. The applicant/recipient must make a reasonable payment plan on the “back” amount with the utility within seven days of receiving assistance. Recipients must apply to all social service agencies and the State for assistance if it is deemed they may qualify for these programs. Refusal to apply to these programs will result in suspension of assistance until compliance is met. Utilities must be in the applicant/recipient’s name in order to render assistance. As with rent, in cases where utilities are shared with other adults, to whom the applicant/ recipient is not married, the amount of assistance will be calculated on a pro rata scale.

Under extraordinary circumstances the Department will consider providing assistance for the following:

F. Medical/Medication- Generally, the department will consider providing for medical, dental, or optical services only if sources of assistance designed to fill such needs have been investigated and have failed to produce. Such sources include State & Federal Programs, local and area clinics, area service organizations, and area hospital programs, including Hill-Burton Act funding. In such instances the Department will pay Medicaid rate only. Further, an applicant must provide written documentation from a doctor, dentist or optometrist indicating the services are absolutely necessary and cannot be postponed without running significant risk and placing the applicant/recipient's well-being in serious jeopardy. Any services received before application to this department and without prior approval of this department will not be paid for or reimbursed. If a prescription is not current (older than 5-days) it will not be filled. A new prescription will need to be obtained and brought to the Welfare Department. Only up to a thirty day supply will be issued at any one time. A prescription will not be filled more than once in a thirty day period unless the dosage or quantity to be taken has been changed by a physician in writing. Assistance with prescriptions will be granted only if the physician verifies in writing that the medication is required for the patient so that health does not decline putting the patient at risk for serious medical or physiological damage and placing the patient in the position of being unable to function within his/her "normal" capacity. Naturalistic, Homeopathic, experimental and non-medical treatments or therapies will not be considered as basic need.

Should a recipient be eligible for free medical services and/or prescriptions through the Veteran's Association, free clinic service or any other public or non-profit agency or assistance group and refuse to apply for such services the Welfare

Department may disqualify said recipient from receiving further medical assistance until they are in compliance with the guidelines.

If the applicant/recipient has health insurance which requires a co-pay for prescriptions they may apply with the Welfare Department to meet this need.

G. Telephone- An applicant/recipient may apply for assistance with the basic service only if absence of a telephone would create an unreasonable risk to the recipient's health or safety verifiable in writing by a physician. The recipient must apply for the "link Up" discount offered to individuals receiving any type of public assistance. Refusal to do so may lead to disqualification until such time as the recipient is in compliance. Cell phones are not included in this category and are not considered a basic need nor is long distance service or any "optional" services the telephone or long distance provider may offer. Charges for services before applying will not be considered.

H. Clothing- Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service agencies that provide clothing and outerwear free to the public. The Department will assist with the least expensive item in the needed size if the applicant is eligible.

I. Footwear- Assistance may be granted for the actual cost of necessary items only and then only if said items are not available at used clothing outlets or through social service agencies which provide clothing and outwear free to the public.

The Department will assist with the least expensive item in the needed size if the applicant is eligible.

J. Medical Insurance Premiums- Assistance may be granted for the actual cost of the medical insurance premium if it is deemed that to assist would be cost effective.

The applicant/recipient must also apply for all programs that provide free or discounted medical/medication services.

K. Property Insurance Premiums- Assistance may be granted only if necessary to prevent

foreclosure on property which is the sole residence of the applicant/recipient.

L. Household Goods- Assistance may be granted for the actual cost of items such as mattresses, kitchen table and chairs, stove and refrigerator. Washing machines and dryers will not be considered as there are public laundry facilities available. Used items are the first choice of the department. Rental plans and charge accounts are excluded. Applicants/recipients must contact agencies such as St. Vincent De Paul Society which give free household goods to families when such items are available.

M. Past Due Utilities- Assistance will be granted only if necessary to prevent imminent termination of services. Only the amount for one month of service and guarantee of future bills for as long as applicant/recipient is eligible is required as per

P.U.C.

303.08 (c) (1) (d). Applicant/recipient must apply to social service agencies which assist with cutoffs or State if applicable.

N. Past Due Rent- Assistance may be granted for the actual amount needed if necessary to prevent imminent eviction and only when adequate alternative housing is not available. The applicant/recipient must apply with all other social

service, State or Federal agencies that assist with past-due rent. The Department reserves the right to negotiate on applicant/recipient's behalf with landlord or their agents to stop evictions or to make payment arrangements.

O. Cremation/Burial Expenses- Under RSA 165:3 assistance may be granted for burial or

cremation. No assistance can be granted or reimbursed for services rendered prior to approval from the Welfare Office. The City of Berlin has agreed upon a rate of up to \$750.00 for burial or cremation. This rate is one set by the State of New Hampshire and surrounding Municipalities. If some payment has been made

to the funeral home only the difference between that payment and \$750.00 will be considered. It is the responsibility of the surviving relatives to make contact with a funeral home and to let them know of the financial status of the deceased and surviving relatives. The exception is unclaimed bodies. RSA 611:15 states that if a dead body is unidentified or unclaimed for a period of not less than 48 hours following the view thereof, the medical examiner shall deliver the body to the overseer of the public welfare in the town or the county commissioner, who shall decently bury the same or the body may be sent to the medical department of Dartmouth College, to be used for the advancement of the science of anatomy and surgery, as provided for by law. Assistance is granted only when the individual does not have liquid assets to cover the expense of burial or cremation or where relatives, other people, the State, or other sources will not cover the entire expense of burial or cremation, and only if costs do not exceed \$750.00. The Welfare Department is not responsible for providing for prearranged services,

special services, religious ceremonies, flowers, grave markers or cremation urns. The City is not responsible for both cremation and burial. Assistance may be given with either cremation or burial not both. Assistance will be based on whichever is most cost effective. If burial is most cost effective the Welfare Administrator may contact the City Clerk's Office once assistance has been granted for a plot in a City owned cemetery, regardless of the deceased religious beliefs, and for the digging of the hole, therefore there is no expense for this portion of the proceedings.

P. Home Repairs- Assistance is granted only in cases where the repairs are essential to health and safety. Only the actual cost of the repair will be granted. Welfare is not responsible for bills for repairs before assistance was granted.

Q. Property Taxes- Only the actual amount owed would be considered for assistance and only for the recipient's home, and then only if necessary to prevent foreclosure or issuance of tax deed. The applicant's name must be on the deed. All other financial possibilities must have been sought out. If the property is held jointly each party is responsible for a pro ratia share and only this amount will be considered.

V. Disallowed Types of Assistance

There are certain types of assistance which the Department will not provide. Some common examples are:

–Automobile or other vehicle payments and/or expenses such as repairs. Public transportation is available in Berlin and Gorham for \$1.00 a day through the trolley system, a \$3.00 per trip pick-up bus transportation system and through

- a fee for service taxi.
- Cable television charges, cell phone, Internet or satellite dish payments.
- Payments for furniture and appliances.
- Life insurance premiums
- Moving expenses except the expenses of returning a person to his residence at his request pursuant to RSA 165:1-c.
- Security deposits on utilities and under most circumstances security deposit on rental units as other resources exist in the community which can be used for this purpose.
- Legal expenses except those specifically required by statute.
- College expenses such as tuition, books, etc.
- Daycare costs (Title XX is available for free and reduced day care cost for those who qualify through the State)
- Business expenses
- Gasoline for vehicles
- Credit Cards, loans, etc.

VI. Timing of Decisions

Unless an application is withdrawn, the Department will reach a decision on each application within five working days following the completion of the written application form. In the event of urgent need, a decision will be made as soon as possible. However, it is important to note that while most individuals who apply for General Assistance feel they are in urgent circumstances, an appointment is necessary to review the application with a welfare official before a decision can be rendered. Those whose applications are denied will be notified of the decision in writing.

The notice will include the reason for denial and a statement of the applicant's right to appeal the decision and will outline the steps he or she must take to do so.

An application shall be considered withdrawn if:

- The Welfare Official cannot complete the interview because the applicant has failed to cooperate in fulfilling his responsibilities under these Guidelines.
- The applicant avails him/herself of other resources in place of assistance.
- The applicant requests that the application be withdrawn.
- The applicant does not contact the Welfare Official following the initial interview after being requested to do so.
- The applicant dies before assistance is rendered.
- The Applicant refuses to complete any section of the application.

VII. Basis for Decisions

In general, the Department decides on an application on the basis of a comparison of an applicant's basic needs and his or her resources. Needs which the Department will consider are outlined in Section IV. Resources include income from all sources and available assets, and are outlined in Section IX.

A person is considered poor and unable to support him/herself when he lacks sufficient money or material possessions to meet his and his family's basic needs. This means that, as a rule, General Assistance will be provided to the extent that the needs exceed resources (income plus available assets), and that if needs do not exceed resources, General Assistance will not be provided. In the case of unusual needs not covered in these Guidelines or "emergency" situations in which delay may cause unnecessary or undue hardship the Welfare Official may make allowances considering

the emergency. Any such determination, and the reasons therefore, shall be stated in writing in the applicant's case record.

If the applicant or recipient shares expenses of shelter and utilities with a non-applicant or recipient, then need will be determined on a pro rata share based on the total number of persons in the residential unit. A receipt for rent and utilities paid on a pro rata share by the non-applicant must be provided before assistance on a pro rata share is issued to a recipient.

College students refusing full time employment are not eligible for General Assistance.

No person who is otherwise eligible for assistance under these Guidelines shall receive such assistance if he or she has made an assignment, transfer or conveyance of property for the purpose of rendering himself or herself eligible for such assistance within 3 years immediately preceding his or her application for such assistance. (RSA 165: 2-b).

Any person eligible for assistance who voluntarily terminates employment within the 60-day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination, provided the conditions

in RSA 165: 1-d are met. Also, if a "suitable" job, for example one within traveling distance and within one's physical capabilities is refused, aid may be discontinued. If the

recipient is able to complete work searches and /or work on the Work Program, but refuses, aid can be discontinued until the conditions are met.

VIII. Home Visits

A home visit may be made to each applicant. The applicant shall be informed that a visit will be made within specified hours. At the applicant's request a specific appointment may be made if the Welfare Official is available at the requested time and date.

A home visit may be necessary for the Welfare Official to understand all the services needed to help the applicant.

IX. Resources

Resources include available income, deemed income under RSA 165:1-e, and available assets.

Income is defined as all income actually received from every source, including but not limited to:

- Earned income: Income in cash or in-kind earned by the applicant or recipient and any member of his or her household, including wages, salaries, tips, commissions, or profits, whether self-employed or as an employee. The amount computed is that remaining after all income taxes, social security, and other mandated payroll deductions are taken out. Court-ordered support payments, child care costs, and work-related clothing costs will also be deducted. Income from underage individuals living in the household will be included in the available household income, as well as any saving accounts.
- Income or support from relatives or other people.
- Court-ordered support payments.
- Income from other assistance or social insurance programs, including state welfare benefits, OASDI payments, Social Security payments, VA benefits,

Unemployment Insurance benefits, Worker' Compensation benefits, and Public or General Assistance benefits.

- Rent income.
- Pension and trust fund payments, 401k and other retirement accounts.
- Interests, dividends, or inheritance, any amount in bank or credit union accounts.
- Tax refunds or rebates.
- Illegally derived income.
- Gambling winnings.
- Gifts.
- Loans.

Deemed Income for any qualified State assistance reduction made pursuant to RSA 167:82, VIII. The City treats a qualified State assistance reduction as deemed income under RSA 165:1-e. As such, the amount of any reduction will be considered as if it were actually received by the applicant/recipient.

Available Assets include but are not limited to:

- Cash on hand.
- Bank deposits (CD).
- Credit Union accounts.
- Securities (stock and bonds).
- Individual retirement accounts (IRA, 401-k plans or pension plans with a cash out or loan value.)
- Insurance policies with a loan value.
- Real estate other than that occupied as a home.
- More than one automobile or similar vehicle.

- A second home or other property.
- Recreational vehicle (i.e., snowmobiles, boats, trail bikes, campers).
- Other non-essential personal property.

The Department will allow time for an applicant or recipient to convert non-liquid available assets into cash, and such property will not be considered part of a person's resources for purposes of determining need for assistance until it has been converted into cash.

Available assets do not include:

- A home and the lot which it occupies, if primary residence.
- One automobile or similar vehicle required for ordinary use.
- Tools of a trade.
- Livestock and farm equipment.
- Equipment used for the production of income.
- Necessary and ordinary household goods.

X. Lien on Real Property & Civil Judgments

As required by law (RSA 165:28), the City will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the recipient's lifetime or until the amount of General Assistance provided by the City Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months.

The City is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by interstate succession, a property settlement or a civil judgment awarded for personal injuries. The

City is entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).

XI. Work Program

The City Welfare Department may require a recipient of General Assistance to participate in the City's Work Program for all or any portion of assistance it provides, at a

job that is within his or her capacity, as a condition of continued eligibility for assistance. The person will not be paid cash wages for such work, but rather will work off the cash value of assistance given at the rate of exchange equivalent to the prevailing wage for the kind of work performed in the City as determined by the municipality's pay schedules prevailing at the time of application for assistance. The amount an assisted person may be required to reimburse the City for aid received shall be reduced by the credits received from participation in the Work Program (RSA 165:31). The Work Program will be structured so as to allow the person time to look for work, to schedule interviews for possible employment, and to make and keep appointments with other service or welfare agencies. The Welfare Official may require recipients to provide documentation of their attendance at a conflicting interview or appointment.

A recipient working on the Work Program will be expected to abide by the Work Program Rules as given in writing and acknowledged by the recipient. Failure to abide by the rules, will mean suspension of assistance for seven days and fourteen days if the recipient has had a prior suspension within the past six months.

A recipient of General Assistance cannot refuse to work for the City unless he / she:

- Has a conflicting interview for a job possibility that could be scheduled for no

other time than the hours scheduled on the Work Program.

- Has a conflicting interview at a service, employment, or welfare agency.
- Lacks adequate means of transportation to the job site if not within walking distance and the City fails to provide it.
- Lacks adequate means of child care and the City fails to provide it.
- Has a medical appointment that could not be scheduled or rescheduled to accommodate the Work Program Schedule.
- Is ill as verified in writing by a physician.
- Must care for their minor children not in school when no other care provider is available or must remain at home because of illness or disability to another member of the household verified in writing by a physician.
- Doesn't have the tools or materials required to do the job and the City fails to provide them.

XII(a). Grounds for Denial, Termination, Reduction,
or Suspension of Assistance

A person's application for assistance may be denied or a recipient's assistance may be terminated, reduced, or suspended for the following reasons:

- Failure to complete an application or to provide requested verification of information.
- Determination by the Department that resources are equal to or exceed need.
- An applicant or recipient obtains or attempts to obtain assistance by means of an intentionally false statement or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device.

- An applicant or recipient fails to report all income or available assets at any time.
- An applicant or recipient fails to notify the Department of any change in needs and/or resources which may affect eligibility for continuation of assistance.
- An applicant or recipient fails to apply for another form of assistance within one week of having been advised to do so by the Department.
- An applicant or recipient refuses a job offer or referral to suitable employment without good cause or who voluntarily terminates employment without good cause. Factors to be considered in determining whether there is good cause for such refusal include the person's ability and physical and mental capacity, transportation problems, lack of adequate child care, and unsafe working conditions.
- A recipient or any adult members of his or her household fail to register with the Department of Employment Security for the purpose of finding work or gaining skills that will enable them to find work within one week after being granted assistance. Exceptions to this registration requirement are: a person who is gainfully employed for thirty-five hours a week or more; a dependent 16 years of age or over who is regularly attending school, if not attending school or training program they will be required to complete job search; a person who is unable to work due to illness or disability; a person who is required to be at home because of illness or disability of another member of the household; a single person who is responsible for the care of a child under age five (if no other adult is present in the household to care for the child.) (RSA 165:31)
- A recipient fails to make reasonable efforts to convert available assets into cash.
- A recipient fails to participate in a City work program or fails to comply with the Work Program Rules given to and acknowledged by the recipient.

- A recipient who is unable to work on the Work Program, fails to comply with his treatment plan for alcoholism and drug addiction as referred by his physician.
- An applicant or recipient refuses to allow the Department to seek or verify information, leaving the Department unable to substantiate eligibility or refuses to provide requested information/documentation.
- A recipient refuses to grant home visits without reasonable justification.
- A recipient refuses to pay certain expenses and/or show proof of said expenses as requested while the Welfare Department is assisting with certain other expenses.
- A recipient or any adult member of their household refuses to complete a work search.
- A recipient who is homeless fails to make a documented apartment search; fails to contact homeless outreach or emergency shelters.
- A recipient who does not report on a weekly basis or does not keep scheduled appointments.
- A recipient misuses a voucher. Such as, giving the voucher to someone else to use, exchanging the voucher for cash, changing the amount on the voucher, etc.

A recipient who knowingly falsifies his or her application in order to receive assistance that he or she is not entitled to, will be ineligible for assistance until the amount of the previously granted assistance is restituted according to terms arranged by to the Welfare Official. The Welfare Official also has the option to have the recipient prosecuted for a criminal offense through the Courts.

XII.(b). Procedure for Suspension of Noncompliance with Guidelines

Procedure according to RSA 165:1-b will be followed if a recipient fails to comply with Guidelines relating to: (1) disclosure of income, resources, or other material

financial data; (2) participation in the work program; (3) reasonable work search; or (4) application with other public assistance agencies.

A written first notice shall be given at the time of the granting of assistance stating the requirements in order to be eligible for assistance for the following week, and a 7-day period within which to comply after receiving such a notice.

If a recipient does not comply with the requirements within the 7 days, he or she will be issued a written suspension notice. The suspension notice will state the requirements with which the recipient is not in compliance, the specific actions necessary for compliance, and the opportunity to request a hearing within 5 days of receipt of suspension notice.

The period of ineligibility or suspension shall be 7 days or 14 days if the recipient has had a prior suspension within the past six months. If upon the expiration of the 7-day or 14-day disqualification period, the recipient continues to fail to carry out the specific actions set forth in the suspension notice, the disqualification shall continue until the person complies.

The Welfare Official shall not be required to accept an application for General Assistance from a person who is subject to disqualification or suspension under this section (RSA 165:1-b).

In the event such disqualification or suspension continues beyond the 7 or 14-day period due to continued non-compliance and there is a dispute over a contention by such person that he has satisfactorily complied with the requirements set forth in the suspension notice, such person shall be given an opportunity to request a hearing to determine that issue but the opportunity to continue to receive assistance pending the

outcome of this hearing shall not apply.

XIII. Right to Appeal Adverse Decision

All persons have a constitutional right to be free of unfair, arbitrary, or unreasonable action taken by government at any level. This includes applicants for and recipients of General Assistance whose aid has been denied, terminated, suspended, or reduced.

Any applicant for or recipient of General Assistance who receives a decision denying, reducing, suspending, or terminating such assistance will be informed of the action in writing within three working days of the time the decision is made. This notice will contain:

- A statement of the reasons for the decision.
- A statement advising the person of his or her right to appeal the decision by requesting, in writing, a Fair Hearing.
- A form on which the person may request a Fair Hearing.
- A statement advising the person of the time limits which must be met in order to receive a Fair Hearing.

The person will have five days from the mailing date of the notice of the decision to return the form requesting a hearing (RSA 165:1-b (III).)

XIV. Fair Hearing Committee

There shall be a Fair Hearing Committee for the City of Berlin which shall hear and decide appeals of decisions rendered by the City Welfare Department.

The Fair Hearing Committee shall be made up of the City Manager, the Administrative Assistant and the Community Services Director.

XV. Fair Hearings

All hearings requested by applicants or recipients will be held within five working days of the receipt of the request. The Department will notify the person requesting the hearing of the time and place of hearing. The client will be contacted at least 72 hours in advance of the hearing.

One postponement of a scheduled fair hearing will be granted if the claimant has a valid reason for not being able to attend. Otherwise, if the claimant does not appear at the second scheduled hearing, the claimant will lose his or her right to a fair hearing.

Fair Hearings are not subject to formal requirements or rules of courts of law. However, they shall be conducted in such a manner as to ensure that the claimant has the opportunity to be fully heard and to maximize the fairness of all proceedings and all decisions arising out of such proceedings.

The appellant may designate counsel or another person to represent him or her. The appellant or his or her representative has the right to examine all materials in the appellant's case file and any materials relevant to the Department's decision prior to the Fair Hearing.

The Administrator of Welfare or his authorized representative has the right to examine all materials and documents on which the appellant plans to rely prior to the hearing. The Administrator will attend the hearing and testify as to his or her actions and the reasons for them.

The burden of proof is on the party challenging the status quo. Both parties may present witnesses in their behalf. Both parties have the right to cross-examine all witnesses.

The Fair Hearing Committee will reach their decision solely on the basis of the evidence presented to it at the hearing. The Fair Hearing Committee will not examine

the record of a case prior to hearing it. The Fair Hearing Committee has the right to adjust the amount of assistance.

Fair Hearing decisions are rendered in writing within seven working days of the hearing. The Fair Hearing Committee will set forth the reasons for their decision and the facts relied on. A copy will be mailed or delivered to the appellant and to the City Welfare Department.

Fair Hearing decisions are rendered on the basis of the Fair Hearing Committee's findings of fact, these Guidelines, and state and federal law. Each decision will set forth an award or denial of appropriate relief.

Fair Hearings in no way limit any right of an appellant to seek subsequent court action to review or challenge a Welfare Department decision. A recipient may continue to receive assistance until the Fair Hearing if he so requests it.

XVI. Procedure for Billing and Recovering from Governmental Unit of Residence or Liable Relatives

The amount of money spent by the City to support a person who has a residence in another municipality or has a father, mother, stepfather, stepmother, husband, wife or child (who is no longer a minor) of sufficient ability to also support the assisted person, may be recovered from the municipality of residence or the liable relative. Sufficient ability shall be deemed to exist when the relative's weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Written notice of money spent in support of an assisted person will be given to the liable relative. The Welfare Official shall make reasonable efforts to give such a written notice prior to the giving of aid, but aid to which an applicant is entitled under these Guidelines, shall not

be delayed due to inability to contact possible liable relatives. Should a relation refuse to render such aid when requested to do so by an overseer of public welfare, such person or persons shall upon complaint of the official be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places him/herself in a position where he/she is unable to comply, he/she shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the City shall be liable for his support. (RSA 165:19 and 20).

The amount of money spent by the City to support a person who has made an initial application for SSI and has signed an Interim Assistance Program Reimbursement Form, shall be recovered through the Social Security Administration and the Department of Human Services. Any amount not recouped from the Social Security Administration or the Department of Health and Human Services (through Medicaid reimbursement) will still be the responsibility of the recipient.

A former recipient who is returned to an income status after receiving assistance may be required to reimburse the City for the assistance provided, if such reimbursement can be made without financial hardship. (RSA 165:20-b).

**APPENDIX A
TABLE OF FORMS**

Form A	Application for Assistance
Form B	Request for Additional Assistance
Form C	Requirements of General Assistance Applicants
Form D	Notice of Decision
Form E	Recipient's Permission to Release Information
Form F	Eligibility of Assistance Work Sheet
Form G	Landlord's Verification of Rent
Form H	First Notice as per RSA 165:1-b
Form I	Suspension Notice as per RSA 165:1-b
Form J	Medical Screening Form for Work Program
Form K	Reporting Schedule for Work Program

Form L	Work Program Time Sheet
Form M	Work Program Rules
Form N	Work Search Verification
Form O	Weekly Reporting of Financial Resources
Form P	Applicant's Promise to Reimburse
Form Q	Notice of Lien
Form R	Discharge of Lien
Form S	Fair Hearing Notice
Form T	Notice of Fair Hearing Decision
Form U	Apartment Search Form
Form V	Refusal of Application Form
Form W	Acknowledgement of Personal Needs Voucher Usage

FORM A

WELFARE DEPARTMENT

City of Berlin, N.H.

APPLICATION FOR ASSISTANCE

DATE OF APPLICATION _____ REFERRED BY _____

Name: _____ SS. # _____

Address: _____ Tel.# _____

Birth Place: _____ Birth Date: _____ Age: _____

Marital Status: Single — Married ___ Separated ___ Divorced ___ Widowed ___

If Married, When: Date _____ Place _____

If Divorced, When: Date _____ Place _____

Name of Spouse: _____ SS. # _____

Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

MEMBERS OF HOUSEHOLD

Name	S.S. Number	D.O.B .	Age Relationship
------	-------------	---------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present and Previous Address for the past 5 years:

Town or City	Street	From	To
--------------	--------	------	----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Parents

Father _____ Mother _____

Address _____ Address _____

Employment _____ Employment _____

Spouse's Parents:

Father _____ Mother _____

Address _____ Address _____

Employment _____ Employment _____

OTHER CHILDREN OUTSIDE OF HOUSEHOLD

APPLICANT'S

Name	Address	Age	Status	# of children	Employment
<hr/>					
<hr/>					

SPOUSE'S

Name	Address	Age	Status	# of children	Employment
<hr/>					
<hr/>					

SERVICE RECORD

Veteran _____ Branch Dates Served _____
Honorable Discharge _____ Types of Benefits _____ Claim # _____

EDUCATION

School	Address	Dates attended	Last Grade Completed
<hr/>			
<hr/>			

Other schooling or job training: _____

WORK RECORD APPLICANT'S

Dates of Employment				Reason for	
Employer	From	To	Type of work	Termination	Earnings
<hr/>					
<hr/>					

Amount of Last Wages: _____ Date Received _____

SPOUSE'S

Employer	From	To	Type of work	Termination	Earnings
<hr/>					
<hr/>					

OTHER SOURCES OF INCOME

	Yes	No	Amount	Remark
TANF, APTD, OAA	_____	_____	_____	_____
SSI	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Pension (Specify)	_____	_____	_____	_____
Workers Compensation	_____	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____	_____
Income from Relatives				
or Boarders	_____	_____	_____	_____
Unemployment				
Compensation	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____
Income Tax Refund				
or Rebate	_____	_____	_____	_____
Other	_____	_____	_____	_____

Have you ever received any kind of public assistance?

Source_____

When_____

AVAILABLE ASSETS

Cash on Hand _____ (Amount)_____

Checking Account _____ (Bank)_____

Savings Account _____ (Bank)_____

CD or IRA Accounts _____ (Bank)_____

Motor Vehicles

Year _____ Make _____ (Amount of Payment)_____ Year _____ Make _____ (Amount of Payment)_____

Recreational Vehicles _____

Property Other than Dwelling _____

Other_____

Assistance Available: Food, Rent, Utilities, Personal Needs, Medical (if emergency)

Assistance Requested: _____

Reason for Request: _____

Duration of Assistance: _____

APPLICANT'S HOUSEHOLD EXPENSES

Rent Mortgage Payment _____ (Bank) _____ Food Personal Needs _____
_Electricity _____

Fuel _____ Telephone Board and Care Other

Name of Landlord: _____

Address: _____

Date Rent Due: _____ Date Rent Last Paid: _____

Outstanding Bills: _____

I understand that I should repay the City of Berlin for any assistance am given when am able to. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that all information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide documents and/or other forms of verification to prove the information asked on this application. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a criminal offense.

Date Applicant's signature

Date Spouse/ Co— Applicant's Signature

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any relative, physician, lawyer, banker, credit bureau, employer, insurance company, fraternal order, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare Official. I hereby acknowledge the right of the City of Berlin to conduct an investigation in an effort to substantiate the facts surrounding my eligibility for welfare assistance. I understand and give consent to this investigation which may take place prior to, during, or subsequent to my receipt of welfare assistance. A photo-copy of this signed release may be used in place of an original.

Date Applicant's signature

Date Spouse/ Co— Applicant's Signature

--NOTICE--

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. You may do so at any time. Application Form will be provided upon request.

FORM B

WELFARE DEPARTMENT

City of Berlin, N.H.

REQUEST FOR ADDITIONAL ASSISTANCE

Date of Request:_____ Date of Original Application:_____

Name:_____ Address:_____

MEMBERS OF HOUSEHOLD

Name S.S. # D.O.B. Age Relationship

Assistance Available: Food, rent, utilities, personal needs, medical (if necessary).

Assistance Presently Receiving:

Additional Assistance Requested:

Reason for Request:

Duration of Assistance:

I understand I should repay the City of Berlin for any assistance I am given when I am able to.

ANY CHANGE IN INCOME, RESOURCES, FINANCIAL OR LIVING ARRANGEMENTS MUST BE REPORTED TO THE WELFARE OFFICE AT ONCE. FAILURE TO DO SO MAY AFFECT ELIGIBILITY FOR CONTINUANCE OF ASSISTANCE.

Welfare Official's Signature

Applicant's Signature

Applicant's Signature

■ **NOTICE** —

- Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. Application Form will be provided upon request.

FORM C

WELFARE DEPARTMENT

CITY OF BERLIN, NH

REQUIREMENTS OF GENERAL ASSISTANCE APPLICANTS

In order to apply for Welfare from the City of Berlin, the following checked (/) information must be brought in at the time of your interview. Failure to bring in the required verification may delay processing of your new application.

Date of Interview _____ Time _____

_____ COMPLETED APPLICATION FOR ASSISTANCE form.

_____ PROOF OF INCOME FROM ANY SOURCE and current pay stubs for the FOUR weeks immediately prior to application.

_____ RESIDENCE! SHELTER EXPENSES (Current rent receipt and utility bills.) _____ COMPLETED LANDLORD'S VERIFICATION OF RENT form.

_____ PROOF OF PERSONAL OR REAL PROPERTY— Car, truck, motorcycle, trailer, and etc. (Registration)

_____ PROOF OF CASH RESOURCES (Savings book, checkbook, credit union statement and etc.)

_____ DOCTOR'S STATEMENT if unable to work. (Extent of disability and duration.) _____ OTHER _____

REQUIREMENTS OF GENERAL ASSISTANCE RECIPIENTS

_____ You must register for work with the local Employment Security Office WITHIN 7 DAYS.

_____ You must complete Job Work Search Verification Sheet WITHIN 7 DAYS in order to continue to be eligible for assistance.

_____ You must participate in the Welfare Work Program as scheduled.

_____ You must apply WITHIN 7 DAYS for:

_____ Food Stamps Fuel Assistance _____ Unemployment Compensation _____ TANF _____ Medicaid

_____ APTD _____ SS SSI VA _____ Subsidized housing at the Housing Authority located on Cole St.

_____ Electric Discount Program _____ WIC

I UNDERSTAND THAT FAILURE TO COMPLY WITH APPROPRIATE REQUIREMENTS CHECKED ABOVE WILL RESULT IN DENIAL OF CONTINUED ASSISTANCE.

Date

Signature of Applicant

FORM D

WELFARE DEPARTMENT

CITY OF BERLIN, NH

NOTICE OF DECISION

NAME: _____

ADDRESS: _____ WELFARE OFFICIAL: _____

DATE: _____

Your application for General Assistance has been granted and you will receive:

-NOTICE-

You have the right to request a fair hearing within 7 days from date of this notice to review this decision. Application form will be provided upon request. Voluntary termination of employment without good cause could lead to disqualification from receiving General Assistance in the future.

REQUIREMENTS FOR CONTINUED ASSISTANCE

You are required to report to the City Welfare Office EACH WEEK on an assigned day to determine continued eligibility. Your reporting day is _____ of each week.

You are required to report any change in income, resources, financial or living arrangement to the City Welfare Office EACH WEEK.

You must register for work with local employment Security Office EACH WEEK.

You must participate in a Work Search. Four different employers or places of business must be contacted EACH WEEK.

You must complete all your Work Program hours as scheduled before assistance CAN BE CONTINUED. If, for a good reason, you are unable to report to work on the Work Program as scheduled, you must call the Welfare Office at 752-2120 between the hours of 8:30 to 12:00.

You must provide a doctor's statement if unable to work AS REQUIRED.

Other: _____

I UNDERSTAND THAT FAILURE TO COMPLY WITH REQUIREMENTS STATED ABOVE COULD RESULT IN DENIAL OF CONTINUED ASSISTANCE.

Date

Signature of Recipient

FORM E

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I/We, _____, the undersigned, understand that the local Welfare Administrator may require certain information about assistance I have received, am receiving or have applied for with _____

Name of Agencies

and to verify information provided by me/my family for determining eligibility for local welfare assistance. In order to better assist me it is necessary for these agencies to release and exchange information with the Welfare Office and for the Welfare Office to release and exchange information with them. This authorization shall expire 180 days from the date signed.

Signature

Date

Signature

Date

FORM F

WELFARE DEPARTMENT

City of Berlin, N.H.

ELIGIBILITY OF ASSISTANCE WORK SHEET

A. TOTAL ALLOWABLE EXPENSES

ALLOWABLE EXPENSES:

(Enter actual expenses or maximum from schedule whichever is less)

Rent/mortgage/board _____ \$ wk./mo

Groceries _____

Household & Personal Needs _____

Telephone (if allowed) _____

Medication (as needed) _____

Utilities Current _____

Back _____

Other _____

Total _____

B. TOTAL RESOURCES

RESOURCES:

Income _____ \$ wk./mo

Available Assets

.

ELIGIBILITY (A — B)

(If B is greater than A, applicant is ineligible)

AREA IN WHICH ASSISTANCE WILL BE RENDERED AND AMOUNT:

Form G

Welfare Department City of Berlin, N.H.

Landlord's Verification of Rent

Tenant's Name: _____

Tenant's Address: _____ Apt# _____

Date of Occupancy: _____

Cost of Rent: \$ _____ wk./mo. Security Deposit: _____

Rent Includes: (such as heat, hot water, electricity, and furnishings)

Number of Bedrooms _____ Number of Persons Living in Apartment _____

Is tenant currently under legal eviction? _____

Is there any government subsidy received on the clients behalf? Yes/No

I understand that weekly rent is based on the monthly rental amount x 12 months divided by 52 weeks. Example:
rent of \$400/month = \$92.30 per week.

I will not charge late fees to the client while City Welfare is helping them.

If this tenant qualifies for assistance I am willing to take welfare vouchers on their behalf for the current rent. Yes
No

Landlord or Agent's Signature _____

Date _____

If rental assistance is approved, please indicate to whom the payment is to be mailed to:

Name: _____ Phone: _____

Address: _____

Social Security or tax I. D. _____

Comments: _____

Form H

WELFARE DEPARTMENT

City OF Berlin, NH

NAME: _____

ADDRESS: _____ WELFARE OFFICIAL: _____

DATE: _____

This notice is to inform you of the decision that your application for General Assistance has been GRANTED and you are receiving: _____

FIRST NOTICE AS PER RSA 165:1-b

Effective _____ your assistance will be SUSPENDED and you are ineligible for assistance for _____ days and until all REQUIREMENTS are met.

The above decision is being made for the following reasons:

- / / Failure to disclose income, resources or other material financial data
- / / Failure to participate in work program and to comply with work program rules
- / / Failure to do a reasonable work search
- / / Failure to apply with other public assistance agencies

Please note, in order to avoid suspension a doctor's note needs to be provided to excuse you for any work program hours missed.

REQUIREMENTS: _____

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS WILL RESULT IN SUSPENSION OF ASSISTANCE.

Date: _____ Recipient's Signature _____

Form I

WELFARE DEPARTMENT
City OF Berlin, NH
SUSPENSION NOTICE AS PER RSA 165:1-B

NAME: _____

ADDRESS: _____ WELFARE OFFICIAL: _____

DATE: _____

Your application for General Assistance had been GRANTED and you were receiving: _____

Effective _____ your assistance is SUSPENDED and you are ineligible for assistance for _____ days and until all REQUIREMENTS are met.

The above decision is being made for the following reasons:

- / / Failure to disclose income, resources or other material financial data
- / / Failure to participate in work program and to comply with work program rules
- / / Failure to do a reasonable work search
- / / Failure to apply with other public assistance agencies

REQUIREMENTS: _____

-NOTICE-

You have the right to request a fair hearing within 5 days of receipt of this notice to review this decision. If you are receiving assistance, your assistance may be continued until the hearing, only if you request it.

FAIR HEARING

(Deliver this form to Welfare Office)

I/We _____ request a fair hearing to review the decision concerning my claim for General Assistance.

I / / want / / do not want my assistance continued until the hearing. I understand that if I lose the hearing, I will owe the amount of my assistance from _____ until the hearing decision.

Date: _____ Signed: _____

Form J

WELFARE DEPARTMEN

City Berlin, N.H.

MEDICAL SCREENING FORM FOR WORK PROGRAM

1.Do you have any problems with your knees, back, shoulders, or hands?

___Yes___ No If yes, please explain briefly. _____

2.Do you have any serious diseases now?___Yes___No If yes, please explain
briefly._____

3.Have you ever been hospitalized for an accident or illness? ___Yes___No
If yes, please explain briefly._____

4.Have you ever received Workers' Compensation for injuries on the job? ___Yes___No If yes, please explain
briefly; include date and type of injury_____

5.Have you had a physical exam recently?___ Yes___ No When?_____

Condition of Health?_____ Doctor's Name_____

6.Do you have a valid driver's license?___Yes___No

7.Do you have a police record?___Yes ___No If yes, please
explain._____

8. In case of emergency, please notify_____

Telephone number_____

9.Do you take any medication?___Yes___No If yes what kind?_____

10.Do you feel you are physically able to work? ___ Yes___ No If no, please explain

_____.

I have read and answered the above questions and declared that are true and correct to the best of my knowledge. If applicable, I authorize the Welfare Official to inform the supervisor at the Work Program location of the medical/physical information provided above.

Date

Signature

FORM K

WELFARE DEPARTMENT

CITY OF BERLIN, NH

WORK PROGRAM

NAME: _____ DATE: _____
ADDRESS: _____ FOR WK. ENDING: _____

As a recipient of the City of Berlin's Welfare, I know I am required to work on the City's Work Program. After receiving assistance for this week, I have been

asked to report to _____ at _____
(place) (time)

on _____ and participate in the Work
(date(s))

Program.

My rate of exchange of _____ per hour which is the prevailing wage for the kind of work I am required to perform, will be measured against my total assistance for this week. I will not be required to work more hours than my assistance calls for.

(Signature) (Date)

(Amount of assistance this week) (Maximum work hours this week)

FORM L**CITY OF BERLIN
WORKFARE PROGRAM****Time Sheet**

Name: _____ Week of: _____

Required Hours:(Maximum)

Day(s) Assigned Hours Per Day Type of Work

_____ Monday _____

_____ Tuesday _____

_____ Wednesday _____

_____ Thursday _____

_____ Friday _____

_____ Saturday _____

_____ Sunday _____

Total Hours: _____

Evaluation (Circle One)

Attendance — On Time Poor Fair Good

Attitude toward job Poor Fair Good

Responsibility — Completes Assignment Poor Fair Good

Motivation — Initiates Work to be Done Poor Fair Good

Leadership — Tends to Take Charge of a Poor Fair Good

Working Crew

COMMENTS _____

Supervisor's Signature

FORM M

**WELFARE DEPARTMENT
CITY OF BERLIN, NH
WELFARE WORK PROGRAM RULES**

Workers are expected to report to work on time and be dressed appropriately for the job.

Workers are expected to perform the tasks assigned to them by the Supervisor and do a good job.

Workers must report to work sober and physically able to perform the tasks assigned by the Supervisor.

Workers are expected to complete the hours as per their work schedule and report to the Supervisor before leaving. For Departments who use time cards workers must punch in at the start and punch out at the end of the work period.

Workers should not leave the job site without authorization from the Supervisor.

If workers take only a 20 minute lunch break, no work time will be added.

If for a valid reason, workers are unable to report to work as scheduled, they must call the Welfare Office at 752-2120 between the hours of 8:30 a.m. to 12:00 noon.

Workers must provide documentation of their attendance to a conflicting interview or appointment in order to be rescheduled by the Welfare Secretary.

Absences for medical reasons must be documented by a doctor and a note from the doctor must be brought in to the Welfare Office to be excused. The recipient will owe whatever hours were not worked and will be rescheduled upon being deemed able to return to work by the physician.

FAILURE TO ABIDE BY THE ABOVE RULES WILL MEAN SUSPENSION OF ASSISTANCE FOR SEVEN DAYS AND FOURTEEN DAYS THEREAFTER IF REPEATED WITHIN SIX MONTHS. WORKERS MUST ALSO MAKE UP THE HOURS NOT WORKED BEFORE THE END OF THE SUSPENSION PERIOD IN ORDER TO BE IN COMPLIANCE TO RECEIVE CONTINUED ASSISTANCE.

I acknowledge that I have received a copy of the City of Berlin Welfare Work Program Rules.

Date

Signature

FORM N**Job Search**

Note:

1. An application must be submitted for a recipient to count as part of their job search.
2. Employers will be called at random to verify that an actual completed application was submitted on the listed date.

Business Name	Phone #	Signature of Interviewer	Date Application submitted (an application must have been submitted for you to sign this form)	Is there a job available?
1.				
2.				
3.				
4.				

Recipient's Signature

Date submitted to Welfare Dept.

FORM O

WELFARE DEPARTMENT

City of Berlin, NH

**WEEKLY REPORTING OF FINANCIAL RESOURCES & LIVING ARRANGEMENT FOR THE WEEK
OF _____**

Any income in cash or in-kind earned this week by you or any other member of the household? ☐ Yes ☐ No

Any income received this week by you or any other member of the household from other programs such as Unemployment Compensation, Workers Compensation, State Welfare benefits, Social Security and SSI benefits, Veterans benefits, Child Support payments ☐ Yes ☐ No

Any income received this week by you or any other member of the household derived illegally or from gambling? ☐ Yes ☐ No

Any income received this week by you or any other member of the household as a gift or loan? ☐ Yes ☐ No

Any income received this week by you or any other member of the household from a tax refund or rebate? ☐ Yes ☐ No

Is there a change in your living arrangement? Has anyone moved in with you that is not listed on your Application for Assistance? ☐ Yes ☐ No

I hereby affirm that all responses to questions are true to the best of my knowledge and belief.

I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a criminal offense.

Date

Recipient's Signature

FORM P

CITY OF BERLIN
WELFARE DEPARTMENT
APPLICANT'S PROMISE TO REIMBURSE

To: _____

Re: _____

The above mentioned welfare recipient agrees to reimburse the City Welfare Department for all aid given

Signed in the presence of:

Recipient's Signature

Witness

Date: _____

FORM Q

NOTICE OF LIEN

TO: Register of Deeds for the County of Coos

RE: Lien on real property pursuant to RSA 165:28 (Supp.) for aid given by the City of Berlin, Coos County, New Hampshire.

RECIPIENT: _____ of _____ Berlin,
County of Coos, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No-_____
_____, Street, Berlin, New Hampshire being Assessor's Lot (s) number map number recorded at the
Coos County Registry of Deeds in Volume _____ Page _____

Be it known that the City of Berlin has expended funds for and in behalf of the above captioned recipient for which
funds the City of Berlin is entitled to a lien pursuant to RSA 165:28 (Supp.).

Date

Administrator of Welfare

CC: Tax Collector ,City Assessor

FORM R

DISCHARGE OF LIEN

TO: Register of Deeds for the County of Coos

RE: Lien on real property pursuant to RSA 165:28 (Supp.) For aid given by the City of Berlin, Coos County. New Hampshire

RECIPIENT: _____ of _____ Street, Berlin, County of Coos, New Hampshire.

DESCRIPTION OF PROPERTY: Land and buildings located at No. _____ Street, Berlin, New Hampshire being Assessor's Lot(s) number — _____ map number _____

Be it known that the City of Berlin does hereby release and discharge the lien taken under RSA 165 28 and recorded at book__page dated__ on the above captioned recipient and description of property.

Date

Administrator of Welfare

CC: Tax Collector, City Assessor

Form S

WELFARE DEPARTMENT

City of Berlin, N.H.

FAIR HEARING NOTICE

(Date)

NAME: _____ ADDRESS: _____

Your request for a Fair Hearing to review a decision of this Department concerning your claim for assistance has been received.

Your Hearing has been scheduled as follows:

TIME: _____

DATE: _____

PLACE: _____

1. If you are unavailable for the time set for the hearing because of a valid reason that can be verified, please advise this office immediately.

2. The hearing shall be:

a. Before an impartial, higher authority, not involved in the initial decision regarding your application.

b. You have the right to:

1) Confront and cross-examine witnesses against you.

2) Present witnesses in your own behalf.

3) Be represented by counsel or other spokesman. If you are eligible, Legal Assistance can offer you free representation.

3. The decision at the hearing will be based on the evidence presented at the hearing.

4. You will be advised of the decision and the reasons for it by the Fair Hearing Committee in writing.

Welfare Official

FORM T

WELFARE DEPARTMENT

City of Berlin, N.H.

NOTICE OF FAIR HEARING DECISION

In a Fair Hearing conducted on _____
requested by _____ to review the decision made
on _____ the following was determined:

1. Issue:
2. Relevant Facts Brought Out at Hearing:
3. Decision by Fair Hearing Board:
4. Reasons for Decision:
5. Statute or Central Assistance Policy Supporting Decision:

You have the right to appeal this decision to Superior Court.

Fair Hearing Officer

Fair Hearing Officer

Fair Hearing Officer

FORM U**APARTMENT SEARCH**

DATE	PROSPECTIVE LANDLORD	TEL. NUMBER	APARTMENT AVAILABLE		DATE AVAILABLE	LANDLORD'S SIGNATURE
			YES	NO		
	BROOKSIDE PARK					

DATE

SIGNATURE

FORM V

REFUSAL OF APPLICATION FORM

I, _____, do not wish to apply for assistance at City
Welfare at this time.

Signature

Date

FORM W

ACKNOWLEDGEMENT OF PERSONAL NEEDS VOUCHER USAGE

I, _____, am aware that personal/household need

vouchers are to be used for personal cleansing/hygiene items and household cleansing/storage/cooking items not including food, drinks, candles, or incense. For example, Items for laundry such as laundry soap, laundry baskets, clothes pins, softeners, racks are acceptable. Towels, plates, utensils, pots and pans are okay. As are shower curtains, regular window curtains or shades.

I have been made aware that electronic items cannot be purchased with this voucher, nor can gifts for other people, jewelry or “knick-knack”/“bric-a-brac” items. Diet pills and homeopathic cures/herbs are not to be purchased either.

The City Welfare Office will specifically name any other item and it’s cost on my voucher such as for items like diapers, shoes, clothing, cough medication and the like. I am not allowed to return items purchased with vouchers for cash and the store will not give me a receipt when I use a voucher. No one else is to use my voucher.

I understand that misuse of the voucher may lead to suspension from receiving this type of assistance. I understand that the store has a right to refuse me service if they believe I am misusing a voucher and will direct me to the Welfare Department. I am also aware that the store may report to City Welfare if I try to use my voucher for purposes for which it was not intended.

Signature

Date

APPENDIX B
LOCAL RESOURCES AND SOCIAL SERVICE AGENCIES